

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

6257

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Theatla R. Jones

P.O. Box, Bldg., Room No., if any suite #102/103

Street 5300 W. Shara Ave.

City Las Vegas

State Nevada

ZIP Code + 4 89146

4. Name, file number, and address of labor organization.

Name Industrial Technical & Professional  
Employees Union

Labor Organization File Number 530-913

P.O. Box, Building and Room Number, if any Suite #200

Street 2222 Bull Street

City Savannah

State Georgia

ZIP Code + 4 31401-8500

5. Position in labor organization.

Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of  
monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name ITPE HEALTH AND WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24 Oglethorpe Professional Blvd.

City Savannah

State Georgia

ZIP Code + 4 31406

7.a. Nature of Interest, Transaction, or Income.

The amount stated below was for re-  
imbursement of travel expenses incurred  
in connection with attending and part-  
icipation at Trustees Meetings as a  
Trustee of the Fund.

7.b. Amount.

\$522.33

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information  
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the  
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Theatla R. Jones*

On

8/8/05

Date

702-334-7171

Telephone Number

Name of Person Filing

Theatla Jones (Ruthie)

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ITPE PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite # 255Street 6851 Jericho TurnpikeCity SyossetState New York ZIP Code + 4 11791

9. Business deals with:

☒ a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name All contributing Employers

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Fund is a Taft-Hartley Trust created pursuant to the agreement between the Union and various Employer and to which Employers make contribution on behalf of Unionrepresented employees in accordance with collective bargaining agreements.

11.b. Approximate dollar value of such dealing. not applicable

12.a. Nature of interest held or income received.

The amount stated below was for reimbursement of expenses incurred in connection with attendance and participation at Trustee Meetings as a Trustee of the Fund.

12.b. Amount.

\$3,866.35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Theatla Jones (Ruthie)

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ITPE Annual Benefit Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite # 255Street 6851 Jericho TurnpikeCity SyossetState New York ZIP Code + 4 11791

9. Business deals with:

☒ a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name All contributing Employers

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Fund is a Taft-Hartley Trust created pursuant to the agreement between the Union and various Employer and to which Employers make contributions on behalf of Unionrepresented employees in accordance with collective bargaining agreements.

11.b. Approximate dollar value of such dealing. not applicable

12.a. Nature of interest held or income received.

The amount stated below was for reimbursement of expenses incurred in connection with attendance and participation at Trustee Meetings as a Trustee of the Fund.

12.b. Amount.

\$2,429.40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.